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Please type a plus sign (+) inside this box →	,,,	`	<u> </u>		
UTILITY	Attorney Docket I	Vo.	ETH1613		
PATENT APPLICATION	First Inventor		Kelly R. Brown, et al.		
TRANSMITTAL	Title		Implantable Biodegradable Devices For Musculoskele		
(cg)ly for new nonprovisional applications under 37 CFR	Express Mail Lab	el No.	EL691435584US		
APPLICATION ELEMENTS			DRESS TO: Commissioner for Patents		
See MPEP Chapter 600 concerning utility patent applic	cation contents.		Box Patent Application Washington, DC 20231		
1. X Fee Transmittal Form (e.g., PTC)/SB/17)		☐ CD-ROM or CD-R in duplicate, large table t	駧	
(submit an original and a duplicate for fee pro	ocessing) hus	Con	mputer Program (Appendix)		
2. Applicant claims small entity starts. Specification [Total Pages 31]	ius.		Nucleotide and/or Amino Acid Sequence	١	
(Preferred arrangement set forth below)			Submission (if applicable, all necessary)		
 Descriptive Title of the Invention Cross Reference to Related Applic 	ations	a. Computer Readable Form (CRF)			
- Statement Regarding Fed sponsor	ed R&D	D	Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or		
 Reference to sequence listing, a ta 	ıble, or a		ii. 🗍 paper		
computer program listing appending a Background of the Invention	×	c.[_	Statement verifying identity of above copies		
- Brief Summary of the Invention			ACCOMPANYING APPLICATION PARTS		
- Brief Description of the Drawings (if filed)	9.	Assignment Papers (cover sheet & document(s))		
- Detailed Description - Claim(s)		10.	☐ 37 CFR 3.73(b) Statement ☐ Power of Attorne (when there is an assignee)	еу	
- Claim(s) - Abstract of the Disclosure		11 [☐ English Translation Document (if applicable)		
ag transfer			☐ Information Disclosure Statement		
4. Drawing(s)(35 USC 113) [Total	Sheets 9]		(IDS)/PTO-1449 ⊠Copies of IDS		
	Citations				
57 New transported (original or	57 Newton and Advision of County 14 🖂 Return Receipt Postcard (MPEP 503)				
b. Copy from a prior application (37 CFR 1.63(d))	451	(Should be specifically itemized) . ☐ Certified Copy of Priority Document(s)		
(for continuation/divisional with Box 18 completed) 15.1			(if foreign priority is claimed)		
i. DELETION OF INVENTOR Signed statement attached	deletina	16.	Request and Certifications under 35 U.S.C. 12	2	
inventor(s) named in the pr	ior application,		(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.		
see 37 CFR 1.63(d)(2) and	1.33(b).	17.	. Other		
6. Application Data Sheet. See 3	7 CFR 1.76	l ox one	d supply the requisite information below and in a		
preliminary amendment or in an Appli	cation Data Shee	et unde	er 37 CFR 1.76:		
☐ Continuation ☐ Div ☒ Continuation-i	n-Part (CIP) of	prior a	application No.: 09/745,783, filed 12/22/2000.		
Prior application information: Examiner	Gro PS only: The 6	up Art entire	t Unit: 1615 disclosure of the prior application, from which an		
oath or declaration is supplied under Box	5b. is consider	red a r	part of the disclosure of the accompanying		
I continuation or divisional application and is hereby incorporated by reference. The incorporation can only be					
relied upon when a portion has been inac	ivertently omitt CORRESPONI	ed from	om the submitted application parts.		
☐ Customer Number or Bar Code Label			Correspondence Address below		
Name: Philip S. Johnson, Esq.					
Address: Johnson & Johnson					
One Johnson & Johnson Plaza					
New Brunswick, NJ 08933-7003 USA 20. TELEPHONE CONTACT					
Please direct all telephone calls or telefaxes to William K. Wissing at:					
Telephone: (732) 524-6201 Fax: (732) 524-2808					
	PPLICANT, AT	TOR	RNEY, OR AGENT REQUIRED		
NAME William K. Wissin	9 ,		Reg. No. 34757		
SIGNATURE / /)(C-	7,			
DATE December 7, 200	1				

	Complete if Known		
	Application Number		
FEE TRANSMITTAL	Filing Date	December 7, 2001	
	First Named Inventor	Kelly R. Brown, et al.	
	Group Art Unit		
	Examiner Name		
	Attorney Docket Number	ETH1613	

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$740.00
TOTAL CLAIMS	44 - 20 =	24	x 18.00	\$ 432.00
INDEPENDENT CLAIMS	1 - 3 =	0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$280.00	
			TOTAL FEES	\$1,172.00

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/ETH1613/WKW in the amount of \$1,172.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ETH1613/WKW. Three copies of this sheet are enclosed.

SUBMITTED E	BY:		Complete (if applicable)
Typed or Printed Name	William K. Wissing		Reg. No. 34,757
Signature	helter (ii)	Date: 12/7/2001	Deposit Account No. 10-0750

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kelly R. Brown, et al.

For : Implantable

Biodegradable

Devices

For

Musculoskeletal Repair Or Regeneration

Express Mail Certificate

"Express Mail" mailing number: EL691435584US

Date of Deposit:

December 7, 2001

I hereby certify that this complete Continuation-In-Part Application, including Specification pages, Claims, Informal Drawings, Unexecuted Declaration and Power of Attorney, Preliminary Amendment, Information Disclosure Statement and Form 1449 with References, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Honorable Commissioner for Patents, Washington, D.C. 20231.

Karen Hall-Morgan
(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)